



Docket No.: 600.1113

DECLARATION AND POWER OF ATTORNEY

| below) of the subject matter which is claimed a TENSION MEASUREMENT the specific | hip are as stated below next for (if only one name is liste and for which a patent is so | ed below) or an original, first and joint inventor (if plural naught on the invention entitled: DEVICE AND METHO | imes are listed DD FOR WEB |
|--|--|---|----------------------------|
| X is attached hereto | | | |
| was filed on | | as Application Serial No | |
| and was amended on (if applicable). | | | |
| I hereby authorize and request our attorney, Davidson, Davidson & Kappel, LLC. of 1140 Avenue of the Americas, New York, New York | | | |
| 10036 to insert here in parentheses (Application number, filed) the | | | |
| filing date and application number of said application when known. | | | |
| ning date and application number | of said application when ki | iowii. | d bu onu |
| | and the contents of the above | ve identified specification, including the claims, as amende | u by any |
| amendment referred to above. | | | |
| I acknowledge the duty to disclose all informat | tion which is known to me t | to be material to the patentability of this application as define | ned in Title 37, |
| Code of Federal Regulations, §1.56. | | | |
| I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign and/or provisional application(s) for patent or | | | |
| inventor's certificate listed below and have also identified below any foreign and/or provisional application for patent or inventor's certificate having a | | | |
| | | gn and/or provisional application for patent or inventor see | |
| filing date before that of the application on wh | ich priority is claimed. | | |
| | | | |
| PRIOR APPLICATION(S) | | | Priority claimed |
| | | | |
| (Number) | Country) | (Day/Month/Year Filed) | Yes No |
| (Maniber) | soundy) | (52)////5/102 1 500 1 500 5 | |
| | | | |
| <u> </u> | | | |
| (Number) | Country) | (Day/Month/Year Filed) | Yes No |
| • | • | | |
| I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: | | | |
| • | | · | |
| (Application Serial Number) (F | Filing Date) | (Status) (patented, pending, abandoned) | |
| (Application behalf (Application) | ining Date) | (ourse) (parentes, perents, accuracy | |
| | | | |
| | | | |
| (Application Serial Number) (F | Filing Date) | (Status) (patented, pending, abandoned) | • |
| And I hereby appoint Clifford M. Davidson, Registration No. 32,728, Leslye B. Davidson, Registration No. 38,854, Cary S. Kappel, Registration No. 36,561, William C. Gehris, Registration No. 38,156, Morey B. Wildes, Registration No. 36,968, Robert J. Paradiso, Registration No. 41,240, Scott L. Appelbaum, Registration No. 41,587, Cynthia R. Moore, Registration No. 46,086, David Knasiak, Registration No. 45,991, Salvatore J. Maiorino, Registration No. 42,830, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith; correspondence address: DAVIDSON, DAVIDSON & KAPPEL, LLC, 1140 Avenue of the Americas, 15th Floor, New York, New York 10036; Telephone: (212) 997-1028; Fax: (212) 997-1037. | | | |
| be true; and further that these statements were | made with the knowledge ti | true and that all statements made on information and belie hat willful false statements and the like so made are punish s Code and that such willful false statements may jeopardiz | able by fine or |
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| Full name of sole or first | | Full name of joint | |
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